



December 13, 2001

Dear Tribal Leader:

Six years ago the Indian Health Design Team (IHDT) guided a process to design an Indian health system and issued 42 recommendations on how the Indian Health Service (IHS) should organize and function. As a result of that redesign effort, the IHS has made great strides in streamlining both functions and staffing by implementing most of the IHDT recommendations. Because change, both internal and external, continues to impact the Indian health care system, I believe it is appropriate to revisit IHS' present structure and the previous IHDT recommendations in order to strategically plan for what the next 5 years could bring to the Indian health care system composed of the IHS direct, tribal, and urban programs (I/T/U).

Many of our best ideas and work have been produced through joint Tribal/Federal workgroups. I am enclosing a draft charge for a workgroup to address the assessment and future function of the I/T/Us. I have directed IHS Area Directors to meet with their respective Area Tribal Leaders to select an Area Tribal Leader representative and an alternate from each of the 12 IHS Areas to serve on the workgroup. In keeping with the present IHS Tribal consultation policy, the workgroup will have a tribal co-chair and a Federal co-chair. The tribal co-chair will be selected from among the Area Tribal Leader representatives and representatives from each of the following national Indian organizations: the National Indian Health Board, the Tribal Self-Governance Advisory Committee, the National Congress of American Indians, and the National Council of Urban Indian Health. Kathleen Annette, M.D., Director, Bemidji Area IHS, has accepted the role as the Federal Co-Chair.

I will officially announce the formation and membership of the workgroup by the beginning of January. The first meeting will be convened in February 2002 in the Washington, D.C. area. You can follow workgroup progress by checking Restructuring Initiative postings in the Nationwide Programs and Initiatives section of the IHS website (www.ihs.gov). Before adopting any recommendations that significantly affect the Indian health system, I assure you that representative views from Indian country will be considered and any design changes to the IHS will be made to advance the health of all American Indian and Alaska Native people.

I look forward working with you on this important project. Thank you for your continuing interest in the IHS and your efforts to improve the health of our people.

Sincerely yours,

--signed--

Michael H. Trujillo, M.D., M.P.H., M.S.
Assistant Surgeon General
Director

Enclosure